

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214503329					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: FOUNDATION OF THE UNIVERSITY OF VIRGINIA'S BLANDYEXPERIMENTAL FARM AND ORLAND E. WHITE ARBORETUM, I</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BRUCE E DOWNING 21 S LOUDOUN ST WINCHESTER, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: 02511467</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 400 BLANDY FARM ROAD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BOYCE, VA 22620</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRUCE DOWNING TITLE: Past President ADDRESS: 520 S STEWART ST CITY/ST/ZIP/CO: WINCHESTER, VA 22601 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: BRUCE DOWNING TITLE: Past President ADDRESS: 520 S STEWART ST CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: BRUCE DOWNING TITLE: Past President ADDRESS: 520 S STEWART ST CITY/ST/ZIP/CO: WINCHESTER, VA 22601	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME:	Julian Bivins	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P O Box 4000807		
CITY/ST/ZIP/CO:	Charlottesville, VA 22904		
NAME:	David Carr	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Susie Chatfield-Taylor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Donna Downing	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Joan Fine	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Jacquelyn Gammons	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	David Look	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Sandra McIntosh	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Jospeh Metz	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Richard Minturn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Chris Oldham	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		

NAME:	Mary Olien	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Christine Perdue	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Byron Pitts	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Ln		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Tressa Borland Reuling	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Lane		
CITY/ST/ZIP/CO:	Boyce, VA 22620		
NAME:	Roma Sherman	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	400 Blandy Farm Lane		
CITY/ST/ZIP/CO:	Boyce , VA 22620		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRUCE DOWNING	BRUCE DOWNING, Past President	1/10/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			